





PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

	DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION			Attorney Docket Nur First Named Inventor		1242/26/2 David B. Mount
				COMPLETE IF KNOWN		
ż		R 1.63)	Application Number		09 /835,976	
	☐ Declaration		☑ Declaration	Filing Date	Apr	ril 16, 2001
	Submitted	OR	OR Submitted after Initial	Group Art Unit		
-	with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			

As a below named inventor, I hereby declare that:									
My residence, mailing address, a	My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first an names are listed below) of the su	d sole inventor (if only object matter which is cla	one name is listed below) aimed and for which a pa	or an original, fir tent is sought on	st and joint inventor (if plural					
PURIFIED AND ISOLA AND POLYPEPTIDES	ATED POTASSIUM	1-CHLORIDE COT	RANSPORTER	NUCLETC ACTOS					
the specification of which	(Title of the Invention)							
is attached hereto									
OR was filed on (MM/DD/YYYY)	04/16/2001	as United S	tates Application	Number or PCT International					
Application Number 09/835	.976 and was a	amended on (MM/DD/YY	m	(if applicable).					
I hereby state that I have reviewe amended by any amendment spe	ed and understand the c ecifically referred to abo	ontents of the above ider ve.	ntified specification	n, including the claims, as					
PCT international filing date of the	e continuation-in-part ap	plication.	g date of the pho						
I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	also identified helow	by checking the box of	ist one country o	ther than the United States of					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PTO/SB	/02B attached hereto					
I hereby claim the benefit under	35 U.S.C. 119(e) of an	y United States provision	al application(s) I	isted below.					
Application Number(s)		e (MM/DD/YYYY)							
			Additiona numbers	al provisional application are listed on a					
			suppleme	ental priority data sheet					
			PTO/SB/	02B attached hereto.					
									

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



DECLARATION — Utility or Design Patent Application

		-						
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below								
Name PATENT TRADEMARK OFFICE								
Address								
Address	75.4							
City				State		ZIP		
Country		Telephor	1 e			Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INV	ENTOR:			A peti	tion has been fil	ed for this unsigned inventor		
Given Name (first and middle [if any]) David	В.			Family or Sur				
Inventor's Signature			-			Date 6/13/01		
Residence: City Brentwood			State	TN	Country USA	Citizenship USA		
Mailing Address 5310 Otter	creek Co	ourt						
Mailing Address								
City Brentwood	State]	CN		ZIP	37027	Country USA		
NAME OF SECOND INVENTOR				A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) Eric		W-17-		Family Name or Surname Delpire				
Inventor's Signature	duc	>				6/13/01 Date		
Residence: City Nashville			State	TN	Country USA	Citizenship USA		
Mailing Address 509 Trace C	ceek Dri	ve						
Mailing Address								
City Nashville	State	TN		ZiP	37221	Country USA		
Additional inventors are being named	on theL	suppleme	ntal Additior	nal Inver	ntor(s) sheet(s) PTC	/SB/02A attached hereto.		





PTO/SB/02A (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

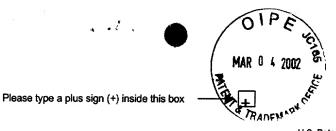
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1_

						.9°1- °'1-		
Name of Additional Joint Inventor,	if any:		☐ A pe	tition has been	filed for	this unsigned inventor		
Given Name Gerardo		Family Name Gamba						
Inventor's Signature				6/28/01 Date				
Residence: City Mexico City	Sta	ite	Country	Mexico		Citizenship Mexico		
Mailing Address Nino Jesus 99-206								
Mailing Address Tlalpan 14000					~ ·	112		
City Mexico City	Sta	te	ZIP		Count	y Mexico		
Name of Additional Joint Inventor, i	f any:		☐ A petit	ion has been file	ed for thi	s unsigned inventor		
Given Name Alfred L. Family Name or Surname George, Jr.								
Inventor's Signature My WV						Date 7-5-01		
Residence: City Brentwood	Sta	te TN	Country	Country USA Citizenship USA				
Mailing Address 1514 Knox Valley	y Driv	е						
Mailing Address			1					
City Brentwood	Sta	te TN	ZIP	37027	Countr	y USA		
Name of Additional Joint Inventor, i	f any:		☐ A petitio	n has been filed	d for this	unsigned inventor		
Given Name			Family Name or Surname					
Inventor's Signature				Date				
Residence: City State			Count	у	Citizenship			
Mailing Address								
Mailing Address								
City	State		ZIP	ZIP Country				

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





PTO/SB/81 (02-01) Approved for use through 10/31/2002. OMB 0651-0035

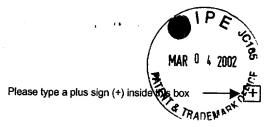
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, 23 persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/835,976
Filing Date	April 16, 2001
First Named Inventor	Mount et al.
Title	Purified and Isolated
Group Art Unit	
Examiner Name	
Attorney Docket Number	1242/26/2

OR		istomer Number	25297		U	529 7	
ractition	ilei(s) ilaili					TRADEMARK OFFICE	7
		Name		+	Registration N	<u>łumber</u>	4
							1
				+			1
) ,							1
				·			J
as my/our attor	ney(s) or a	gent(s) to prosecut	e the application	identifie	ed above, and to	transact all	
		ates Patent and Tra					
		pondence address		ntified a	pplication to:		
l lhe above	-mentioned	d Customer Number	er.				
	ma mt Occata					Customer r Bar Code	
OR	rs at Custo	mer Number		-	Label h		
Firm or Individual Na	ame						<u></u>
Address	31110						
Address							
City				State		Zip	
Country				Otate 1		<u> </u>	
Telephone				Fax			
I am the:				1 UX 1			
	nt/Inventor.						
Assigna	a of racord	of the entire inter-	-4 O 07 OFD 0	74			
		of the entire intere 7 CFR 3.73(b) is e			06)		
	T	SIGNATURE of A	pplicant or Assigr	ee of R	lecord		
Name	Alfred	l L. George,	Ir.				
Signature		90010	on				
Date			7-5	7-0	1		
NOTE: Signatures of all forms if more than one	I the inventors signature is re	s or assignees of recordequired, see below*.	d of the entire interest	or their i	representative(s) ar	e required. Submit	multiple
Total of 4		are submitted.			***		
urden Hour Statement: This	form is estimat	ted to take 3 minutes to co	mplete. Time will vary d	enending	unon the needs of the	individual case. Any	





PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/835,976
Filing Date	April 16, 2001
First Named Inventor	Mount et al.
Title	Purified and Isolated
Group Art Unit	
Examiner Name	
Attorney Docket Number	1242/26/2

I hereby app X Practition OR		Customer Number	25297		→ \[\begin{align*}	The Revenue	
☐ Practitio	ner(s) na	amed below:			L	25297	
		Name			Registration	Number	1
(4)							
as my/our attor business in the	ney(s) o	r agent(s) to prosecu States Patent and Tra	te the application ademark Office co	identifi onnecte	ed above, and ed therewith.	to transact all	
☐ The above	-mentior	espondence address ned Customer Numbe	for the above-ide er.	ntified	Place	Customer	
Practitione	rs at Cus	stomer Number			Number Label	er Bar Code here	
Firm or							
Individual N	ame						
Address							
Address							
City				State		Zip	
Country							
Telephone		T		Fax			
l am the: X Applican	nt/Invento	or.					
Assigned Stateme	e of reco nt under	rd of the entire intere 37 CFR 3.73(b) is e	est. See 37 CFR 3 nclosed. (Form P	.71. TO/SB/	96).		
		SIGNATURE of A	pplicant or Assigr	nee of F	Record		
Name	Dav	id B Mount					
Signature		YIA					
Date		6/13/0		Ψ.			
NOTE: Signatures of all forms if more than one s	the invent signature is	tors or assignees of record s required, see below*.	d of the entire interest	or their	representative(s) a	are required. Submit m	nultiple
KI *Total of 4	for	ms are submitted.					
urden Hour Statement This	form is estir	mated to take 3 minutes to co	molete. Time will yang d	enendina	upon the needs of th	a facilitate of	

builder hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/835,976
Filing Date	April 16, 2001
First Named Inventor	Mount et al.
Title	Purified and Isolated
Group Art Unit	
Examiner Name	
Attorney Docket Number	1242/26/2

I hereby app	oint:							
OR		Customer Numbe	er 2529	7]-	P! Ni La	1995 1997	
		Name					ENT TRADEMARK OFFICE	
		Traine				Registration	Number	
as my/our attor business in the	ney(s) o	r agent(s) to prose States Patent and	ecute the app Trademark (olication ide Office conn	ntified ected	d above, and to	o transact all	
Please change	the corre	espondence addre	ess for the ab				-	
ine above	e-mention	ned Customer Nu	mber.					
	ers at Cus	stomer Number				1	Customer r Bar Code	
OR						Label h		
Firm or Individual N	ame					- 1141 - 1241 - 1241		
Address								
Address						······································		
City				St	ate		Zip	
Country								
Telephone				Fa	ıx			
I am the:								
X Applicar	nt/Invento	or.						
Assigned Stateme	e of reco	rd of the entire into 37 CFR 3.73(b) i	terest. See 37 s enclosed. (i	7 CFR 3.71 Form PTO/	SB/90	6).		
		SIGNATURE	of Applicant o	r Assignee	of Re	cord		
Name	Eric	Delpire						
Signature		du	5					
Date		6/13/0						
NOTE: Signatures of all forms if more than one	I the invent	ors or assignees of re required, see helow	cord of the entir	e interest or t	heir re _l	presentative(s) an	e required. Submit mul	tiple
X *Total of 4		ns are submitted.	•					
urden Hour Statement: This								

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/835,976
Filing Date	April 16, 2001
First Named Inventor	Mount et al.
Title	Purified and Isolated
Group Art Unit	
Examiner Name	
Attorney Docket Number	1242/26/2

l hereby app	oint:					
OR	oners at Co	ustomer Numbe	er 25297		Labyl 50297	
	mer(s) man				PATENT TRADEMARK OFFICE	
-		Name		R	egistration Number	
	v					
as my/our attor	ney(s) or a	igent(s) to prose	ecute the application	identified a	bove, and to transact all	
			Trademark Office co			
Please change	the corres	pondence addre d Customer Nu	ess for the above-ide	ntified appli	cation to:	
OR	;-mendone	u Customer Nui	mber.			
	ers at Custo	omer Number			Place Customer Number Bar Code	
OR				•	Label here	
Firm <i>or</i> Individual N	ame					
Address			711		A	
Address						
City				State	Zip	
Country						
Telephone				Fax		
I am the:						
X Applican	nt/Inventor.					
Assigned	e of record	of the entire int	terest. See 37 CFR 3 is enclosed. (Form P	1.71.		
Otatome	TR dilder 5					
		SIGNATURE C	of Applicant or Assign	nee of Reco	rd	
Name	Gerard	lo Gamba				
Signature		Qu'y			——————————————————————————————————————	
Date		6/28/01	_			
NOTE: Signatures of all	the inventor	s or assignees of re	ecord of the entire interest	or their repre	sentative(s) are required. Submit multipl	le
Common more trial one :	signature is n	equired, see below	*.			
Total of 4	ioms	are submitted.				